

#### MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM

#### **DATAMASTER MAINTENANCE REPORT**

**RECEIVED** 

By Carol Day at 8:37 am, Jun 05, 2014

Complete t	his report when	time of the regul ever the instrume ad a copy within 1	nt is serviced	d or repaired	and whe	never it is p	laced into servi	days). ce.			
DATAMASTER S	MASTER SN NAME OF AGENCY						DATE OF INSPECTION 06/05/2014				
LOCATION OF I	LOCATION OF INSTRUMENT (STREET AND CITY)						TIME OF INSPECTION 7:10 am				
1901 East Cleveland, Monett 7:10 am  CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in obser									(Write in observe	ed values	
where determined.) Unmarked items must be corrected before using instrument.											
☑ DIAGN	DIAGNOSTIC CHECK (PRINTOUT ATTACHED)					DATE AND TIME (from printout) 06-05-2014 / 08:00					
☑ cc	☑ COMPUTER					☑ DETECTOR					
<b>☑</b> PR	☑ PROGRAM										
<b>☑</b> HE	☑ HEATERS SAMPLE CHAMBER49 °C					QUARTZ STANDARD					
<b>✓</b> FL	☑ FLOW DETECTOR					✓ CALIBRATION					
<b>☑</b> PU	☑ PUMP HIGH SPEED					✓ PRINTER					
☑ INDIC	INDICATOR LIGHTS										
☑ SIMUL	SIMULATOR SOLUTION SUPPLIER Guth Labs						LOT # _13290 EXP. DATE _10/29/2015				
✓ SIMUL	SIMULATOR TEMP (34°C ± 0.2°C)34 °C SIMULATOR SN SD2267 EXP. DATE07/10/2014										
✓ CALIBRATION CHECK – (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)											
Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)  0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE											
		D - MUST READ									
TEST 1	ST 1 .098 TEST 2 .099					TEST 3 ▼ .099					
PERFORM R.F.I. TEST (PRINTOUT ATTACHED)											
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)											
REFUSAL	S 4 (004	4) 0	(.0509)	0	(.1014)	3	(.1519)	0	OVER .19	0	
	PARTS AND DESCRIB	E ANY ALTERATION OR	MODIFICATION T	HAT WAS MADE	TO RESTORE	THE INSTRUME	NT TO OPERATE SATI	SFACTORIL	Y AND WITHIN ESTABLE	SHED LIMITS	
Instrument performed to DHSS specs.											
INSPECTING OFFICER SIGNATURE PRINT FULL NAME											
Snatinson						Jeffery A. Martinson					
	PE II PERMIT NUMBER/EXPIRATION DATE 20267 / 0913-2014					TELEPHONE NUMBER (417) 235-4241					
RETURN COMPLETED REPORT TO THE:  Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office 2875 James Blvd. Poplar Bluff, MO 63901											



# CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13290 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 31, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1202% (w/vol) ethyl alcohol. The expiration date for this lot number is October 29, 2015 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.

# State of Missouri DEPARTMENT OF HEALTH



# PERMIT TYPE II



#### JEFFERY A MARTINSON

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

09/13/2012

220267

Expires 09/13/2014

MO 580-0771 (7-88)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-88)

### FACE THIS SIDE DOWN - THIS EDGE IN FIRST

## **BAC DataMaster**

**Evidence Ticket** 

STATE OF MISSOURI MONETT POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201246 06/05/14 07:10

--- DIRGNOSTIC CHECK ---

COMPUTER:

OKAY

PROGRAM (04-07-2009):

OKAY

HEATERS

SAMPLE CHAMBER:

49c

FLOW DETECTOR:

OKAY

PUMP

HIGH SPEED:

OKAY

DETECTOR:

OKRY

FILTERS:

OKAY

QUARTZ STAMDARD:

OKAY

CALIBRATION:

OKRY

PRINTER TEST

!"#\$%%'()\*+,-./@123456789:;<=>?@ABCDEFG HIUKLMNGPQRSTUVWXYZ[\]^\_'abcdefghijklmno pgrstuvwxyz{|}}+"

OPERATOR SIGNATURE

Card Stock No.

REORDER ALL SUPPLIES FROM N.P.A.S. P.O. BOX 1435, MANSFIELD, OH 44901

#### FACE THIS SIDE DOWN - THIS EDGE IN FIRST

## **BAC DataMaster**

**Evidence Ticket** 

STATE OF MISSOURI MONETT POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201246 06/05/14

TESTING OFFICER:
MARTINSON/JEFF/A
OFFICER 1.D.: 320
PERMIT NUMBER: 220267
EXPIRATION DATE: 09/13/14
MISCELLANEOUS DATA:
JUNE MAINT

#### --- SUPERVISOR MODE ---

BLANK TEST	. 000	6741E
INTERNAL STANDARD	VERIFIED	07:13
EXTERNAL STANDARD	. 898	97:13
BLANK TEST	.888	07:14
EXTERNAL STANDARD	.099	87:14
BLANK TEST	.000	07:15
EXTERNAL STANDARD	.099	07:15
BLANK TEST	_ 000	97116

N = 3 SIM. = .1 AV6. = .0986

OPERATOR SIGNATURE

Card Stock No. 60021

REORDER ALL SUPPLIES FROM N.P.A.S. P.O. BOX 1435, MANSFIELD, OH 44901

## FACE THIS SIDE DOWN - THIS EDGE IN FIRE

### **BAC DataMaster**

**Evidence Ticket** 

STATE OF MISSOURI MONETT POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 20:246 06/05/14

SUBJECT NAME:

MARTIFUE

DOB: 04/05/54 SEX: M
STATE/D.L.: MO/432345

ARRESTING OFFICER:

MARTINSON/J/A

OFFICER I.D.: 380
TESTING OFFICER:

MARTINSON/J/A

OFFICER I.D.: 380
PERMIT NUMBER: 280267
EXPIRATION DATE: 09/13/14
MISCELLANEOUS DATA:

RET TEST FOR JUME

BREATH FINALYSIS --

INTERNAL STANDARD
RADIO INTERFERENCI

, MOM VERIFIED

9711 9711

OPERATOR SIGNATURE

Card Stock No. 60021

REORDER ALL SUPPLIES FROM N.P.A.S. P.O. BOX 1435, MANSFIELD, OH 44901